

## **Supplemental Application Data Sheet**

### **Application Information**

|                                 |                     |
|---------------------------------|---------------------|
| Application number::            | 10/789,842          |
| Filing Date::                   | 02/27/04            |
| Application Type::              | Regular             |
| Subject Matter::                | Utility             |
| Suggested Classification::      |                     |
| Suggested Group Art Unit::      |                     |
| CD-ROM or CD-R?::               | None                |
| Number of CD disks::            |                     |
| Number of copies of CDs::       |                     |
| Sequence submission?::          |                     |
| Computer Readable Form (CRF)?:: |                     |
| Number of copies of CRF::       |                     |
| Title::                         | Flavivirus Vaccines |
| Attorney Docket Number::        | 06132/065003        |
| Request of Early Publication?:: | No                  |
| Request of Non-Publication?::   | No                  |
| Suggested Drawing Figure::      |                     |
| Total Drawing Sheets::          | 9                   |
| Small Entity?::                 | Yes                 |
| Petition Included?::            | No                  |
| Petition Type::                 |                     |
| Licensed US Govt. Agency::      |                     |
| Contract or Grant Numbers::     |                     |

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: P.  
Family Name:: Monath  
Name Suffix::  
City of Residence:: Harvard  
State or Province of Residence:: MA  
Country of Residence::  
Street of mailing address:: 21 Finn Road  
City of mailing address:: Harvard  
State or Province of mailing address:: MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 01451

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Farshad  
Middle Name::  
Family Name:: Guirakhoo

Name Suffix::

City of Residence:: Melrose

State or Province of Residence:: MA

Country of Residence::

Street of mailing address:: 39 Chestnut Street

City of mailing address:: Melrose

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02176

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Juan

Middle Name::

Family Name:: Arroyo

Name Suffix::

City of Residence:: ~~Gaithersburg~~Rockville

State or Province of Residence:: MD

Country of Residence::

Street of mailing address:: ~~9890 Washingtonian Blvd. Apt. 303~~ 1014 Grand  
Champion Drive

City of mailing address:: ~~Gaithersburg~~Rockville

State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: ~~20878~~20850

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Konstantin  
Middle Name::  
Family Name:: Pugachev  
Name Suffix::  
City of Residence:: Natick  
State or Province of Residence:: MA  
Country of Residence::  
Street of mailing address:: 26 Harwood Road  
City of mailing address:: Natick  
State or Province of mailing address:: MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 01760

**Correspondence Information**

Correspondence Customer Number:: 21559

**Representative Information**

Representative Customer Number:: 21559

**Domestic Priority Information**

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | Continuation-In-Part of                                 | 10/345,036           | 01/15/03             |
| 10/345,036       | An application claiming the benefit under 35 USC 119(e) | 60/348,949           | 01/15/02             |
| 10/345,036       | An application claiming the benefit under 35 USC 119(e) | 60/385,281           | 05/31/02             |

**Assignee Information**

|   |                  |
|---|------------------|
| Assignee name::                         | Acambis Inc.     |
| Street of mailing address::             | 38 Sidney Street |
| City of mailing address::               | Cambridge        |
| State of Province of mailing address::  | MA               |
| Country of mailing address::            |                  |
| Postal or Zip Code of mailing address:: | 02139            |